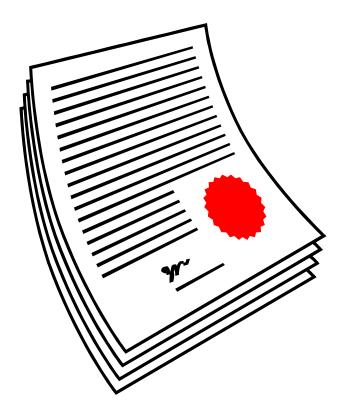
California Child and Family Services Review

Calaveras County

System Improvement Plan



County System Improvement Plan

I. SIP Narrative

1. Identify Local Planning Bodies

Purpose: The purpose of this section is to demonstrate to CDSS the collaborative and planning relationships the county child welfare agency engaged for the Self-Assessment and SIP processes.

Arleen Garland Human Resource Council - Child And Parent Services

Frank Orlando Calaveras County Office of Education

Grant Barrett Calaveras County Superior Court

Jeanne Boyce Calaveras County Behavioral Health, Public Health and

Substance Abuse Programs

Judy Spadoni West Point/Railroad Flat Healthy Start

Marcie Jo Caywood Calaveras County Public Health

Mary Antus Calaveras Works and Human Services Agency, Welfare to

Work/Employment Services

Mary Pynn First 5 - Calaveras

Michael Walker Calaveras County Sheriff's Department
Mike Carll Parent Partner, Children's System of Care

Nita Reynon Calaveras Works and Human Services Agency, Eligibility

Richard Manders Calaveras County Juvenile Probation
Tammy Beilstein Prevent Child Abuse - Calaveras

Lynda Smallenberger Kene-Me-Wu

Sheri Matson Calaveras Women's Crisis Center

Sue Dodson Deputy Director, Calaveras Works and Human Services

Agency

Susan Webb CDSS Adoptions District Office

Calaveras Works and Human Services Agency Child Protective Services Social Work staff:

Alisa Duncan, Supervisor

Ann Wathen, Social Worker III

Dave Godzina, Social Worker III

Eva Macias, Social Worker III

Jeanette O'Brien, Staff Services Analyst

Judi Dufloth, Social Worker III

Justin Simko, Social Worker I

Karen Ferguson, Supervisor

Karen Karam, Social Worker II
Marcie Trowbridge, Social Worker II
Sharon Connell, Social Worker III
Sharon Jones, Social Worker I
Shauna Ramirez-Hawkins, Social Worker III
Susan Sheehan, Social Worker III
Sylvia O'Flinn, Social Worker III
Tiffany Gorham, Social Worker I

2. Share Findings that Support Qualitative Change

Purpose: CDSS would like to learn about the data collection that you performed in the Self-Assessment that assisted with your analysis of qualitative practices such as customer service, family assessment, service delivery, case planning, etc. This is the section to share findings from client and service provider focus groups, surveys, interviews, and other data collection mechanisms. This section will also include the findings and analysis of the PQCR once that process is launched.

We used e-mail to communicate with all of the "local planning bodies" identified in Section 1 above throughout the Self-Assessment planning process. We had two meetings where we used power point presentations to review the quarterly report data provided to us by CDSS. These presentations and quarterly reports were also sent to each participant via e-mail. At each meeting, and with every e-mail correspondence, we encouraged all of the participants to give us their reaction to the statistics, suggestions regarding what they thought the statistics suggested for our county, and suggestions on how we could improve them. A draft of our Self-Assessment report was also sent via e-mail prior to our second meeting, so that each participant could familiarize themselves with the report and come prepared with questions, comments and suggestions. The final Self-Assessment Report was also sent to each participant via e-mail.

In addition, we utilized Business Objects to rebut or substantiate some of the statistical data provided on our quarterly reports.

3 Attach the Summary Assessment (Section V) of the Self-Assessment.

SUMMARY ASSESSMENT

C-CFSR OUTCOMES

- 1. Children are, first and foremost, protected from abuse and neglect.
- 2. Children are maintained safely in their homes whenever possible and appropriate.
- 3. Children have permanency and stability in their living situations without increasing reentry to foster care.
- 4. The family relationships and connections of the children served by the CWS will be preserved, as appropriate.
- 5. Children receive services adequate to their physical, emotional and mental health needs.
- 6. Children receive services appropriate to their educational needs.
- 7. Families have enhanced capacity to provide for their children's needs.
- 8. Youth emancipating from foster care are prepared to transition to adulthood.

A. Discussion of System Strengths and Areas Needing Improvements

<u>In summary, using the October 2004 Outcome & Accountability Data Reports:</u>

- The number and rate of children with referrals in our county (99 per 1,000) is nearly double the statewide average (52 per 1,000). We would like to think this can be attributed to having a community that cares about children and professionals who are knowledgeable about the mandated reporting laws. It makes sense then that the number and rate of first entries in our county (6.4 per 1,000) is nearly double the statewide average (2.9 per 1,000) as well as our number and rate of children in care (15.8 per 1,000 vs. 8.9 per 1,000).
- Approximately 18% of all children with a substantiated referral had a subsequent substantiated referral within 12 months in our county (versus 13.5% for the state). Our rate of recurrence of abuse/neglect in homes where children were not removed was 14.7% (versus 8.8% for the state). We attribute this to our strong belief in pre-placement preventative services, and trying other avenues of helping families before resorting in out-of-home placement and Court involvement.
- The rate of child abuse/neglect in foster care in our county was 0.745%. We credit that to the nearly exclusive use of foster family agency homes, and the frequent, direct involvement of the foster family agency social workers in the homes, and more extensive on-going mandatory training for FFA foster parents.

- Our percentage of timely immediate investigations (76%) is lower than the statewide average of 93.9%. Our percentage of timely 10-day response investigations is 72.4%, in comparison to the statewide average of 90%. We have experienced staffing shortages due to vacancies and medical Leaves of Absences. In addition, CWS/CMS training has been conducted to provide consistency and accuracy in timely data entry, and "Timely Social Worker Contacts" is an aspect of our SIP.
- Our percentage of timely monthly social worker visits with the child is 89.7%, in comparison to 88.5% for the state. Again, staffing shortages were problematic, and our visits were not being documented correctly in CWS/CMS.
 Training has since been concluded, and we are addressing this in our SIP.
- Approximately 77.1% of all of the children in our county that were placed in out-of-home care were in care for less than 12 months. This is higher than the statewide average of 64.4%. However, approximately 47.5% of all children in our county who entered foster care for the first time, and stayed at least 5 days, were reunified within 12 months, versus the statewide average of 35.9%.
- An average of 60% of all children in our county who were adopted from foster care had been in care for less than 24 months, nearly double the statewide average of 26.8%. However, the percentage of all children in our county who entered foster care for the first time, stayed at least 5 days, and were adopted within 24 months drops to 6.3% (5.4% for the state).
- Approximately 82% of the children in our county who were in out-of-home placement for less than 12 months had only 1 to 2 total placements. The figure drops to 55% for all of the children in our county who entered out-of-home care for the first time and stayed at least 5 days. The statewide averages are 84.5% and 63.3%, respectively. Again, while we try to maintain children in as few placements as possible, placement changes are often out of our control.
- An average of 10% of all children in our county who entered foster care had subsequent entries within 12 months of a prior exit (nearly identical to the state percentage of 10.4%). Of all children in our county who entered out-ofhome placements for the first time and stayed at least 5 days, 27.3% reentered within 12 months of reunification. This figure is higher than the statewide average of 13.2%.
- We had 45.5% of all children in foster care in our county placed with all siblings, while 63.4% were placed with some (or all) siblings. The state had similar figures of 42.7% and 66.5%. During the first 2 "point-in-time" periods

(7/01/03 and 10/01/03), we had several large sibling groups of 4 to 6 children in placement, and it is difficult to find homes that can adequately accommodate all of them together.

- It is not surprising that a majority of the children in out-of-home placement in our county are placed in FFA homes (64.2%), given that we have very few county licensed foster homes and no children's shelter or receiving home. The next highest placement type in relative homes (34.3%), followed by Legal Guardianship, and then group homes, and then County licensed foster homes.
- During the entire reporting period, half (50%) of the children in our county identified as Native American in out-of-home care were placed with a relative. The other 50% were placed with non-relative, non-Indian foster homes. We comply with all ICWA rules and regulations.
- 116 children received ILP services in our county from 10/01/2001 9/30/2002, and 123 children from 10/01/2002 - 9/30/2003.

B. Areas for further exploration through the Peer Quality Case Review (PQCR)

The three target areas that we see as needing the most improvement are as follows:

Timely social worker contacts. Although we feel that we are seeing our clients much more frequently than the figures being reported, we recognize the need for higher awareness of the problem, as well as the need for more training to maximize our contact statistics.

Incorporating family input in case planning. Division 31 Regulations mandate that we seek the assistance of parents and children (over the age of 10) in developing case plans within 30 days. Although the barriers in successfully accomplishing this with every family have been addressed in section III.B.3 of our Self-Assessment Report, this is an area that we can improve upon.

Increased ILP services. We are proud to have served the number of children that we have, given the limited program we had to offer. Now that we have a full-time ILP worker, we are planning significant changes that will improve outcomes for this vulnerable population.

3. SIP Plan Components

SIP Cover Sheet

California ³	California's Child and Family Services Review System Improvement Plan										
County:	Calaveras										
Responsible County Child Welfare Agency:	Calaveras Works and Human Services Agency										
Period of Plan:	December 1, 2004 through December 31, 2007										
Period of Outcomes Data:	Quarter ending June 30, 2004										
Date Submitted:	November 19, 2004										
	County Contact Person for County System Improvement Plan										
Name:	Mikey Habbestad										
Title:	Program Manager										
Address:	509 E. St. Charles Street, San Andreas, CA 95249										
Phone/Email	(209) 754-6615 / habbem@cws.state.ca.us										
Submitt	ed by each agency for the children under its care										
Submitted by:	County Child Welfare Agency Director (Lead Agency)										
Name:	Terri Beaudreau										
Signature:											
Submitted by:	County Chief Probation Officer										
Name:	Don Meyer										
Signature:											

SIP Instructions

Using the matrix format below, for each area identified in the County Self-Assessment or PQCR as needing improvement, describe the following:

- County's current performance as identified in the County Self-Assessment.
- Improvement Goals: specific, achievable, measurable.
- The strategies to be used to achieve the goals
- How the strategies will build on progress and improve this program/outcome area.
- The specific milestones of the strategies, the timeframes in which the milestones will be achieved, and the responsible staff member for overseeing the milestone's accomplishment.
- Any additional systemic factors needing to be addressed that support the improvement plan goals.
- The educational/training needs (including technical assistance) to achieve the improvement goals.
- The roles of other partners in achieving the improvement goals.
- Any regulatory or statutory changes needed to support accomplishment of the improvement goals.

Cou	nty's Current Performance:					
٩cc	ording to the October 2004 quarterly report, our	perd	entage o	f timely immediate in	vestigations	is 76%, and timely 10-day
	stigations is 72.4%. In addition, our percentage o		-	-		
or	training in accurate data entry in CWS/CMS, as v	vell a	s an over	all need for improvem	ent in timely	y social worker contacts.
•	rovement Goal 1.0 rove social worker contact documentation in CWS	:/CM	S comput	an cyctam		
mγ	rove social worker contact documentation in CWS	5/ C/V(3 compar	er system.		
tra	tegy 1. 1			Strategy Rationale		
	eive training by UC Davis on how to enter informa	tion i	nto	•	hat our actua	al contacts are not adequately
:W	5/CMS so that we can maximize our actual social	work	er	reflected in the qua	arterly statis	stical reports. Training will help us
ont	act statistics.			ensure a reflection	of more acci	urate statistics.
	4445		ا ا	(40 (40 (04)		
	1.1.1 Receive training from UC Davis on case contact documentation in CWS/CMS (most of		1 month	(12/19/04)		New social work staff
	the staff did receive this training in June of					
	2004, subsequent to the completion of our	4			\$	
oue	Self-Assessment report).	JE .				
385		Timeframe			Assigned	
Milestone	1.1.2 Utilize extra-hires, Vocational Assistant	ᆵ	3 month	ns (02/01/05)	is Si	Extra-hire social worker;
	and Ameri-Corp volunteer staff to enter				< <	Vocational Assistant;
	contact information in CWS/CMS.					Ameri-Corp volunteers
tra	tegy 1. 2			Strategy Rationale		<u> </u>
	ire timely entry of referrals into CWS/CMS, as v	vell a	s timely		ponse social	workers need to be assigned to
efe	rral assignment to Emergency Response social wo	rker	s. ·		•	that they can initiate contacts
				within the required		

	1.2.1 Train APS staff on how to enter referrals directly into CWS/CMS.		2 months	s (01/01/05)		APS social workers
	1.2.2 Intake "Worker of the day" social worker to enter all referrals received no later than 9:00 a.m. on the following business day.		1 month	(12/19/04)		CWS social workers
Milestone	1.2.3 Emergency Response supervisor and social workers to meet daily at 9:00 a.m. to review all pending referrals.	Timeframe	1 month (12/19/04)		Assigned to	Emergency Response supervisor; Emergency Response social workers
Σ	1.2.4 Review with all social worker staff the procedures and regulations on identifying and inputting 2-hour response referrals.	Tim	2 months	s (01/01/05)	Ass	APS and CWS social workers
	1.2.5 Train school personnel on making suspected child abuse reports in a timely manner.		1 year (1	1/01/05)		Emergency Response supervisor
	tegy 1. 3 ative case sharing for CWS social worker staff.			Strategy Rationale Enabling social workers to contacts are being done in		cases will help ensure that all ely manner.
	1.3.1 Utilize extra-hire social worker for face-to-face visits with out-of-county children and foster parents.	O)	On-going		to	CWS social workers
Milestone	1.3.2 Allow CWS social workers to make face-to-face visits for other CWS social workers with children and foster parents in the same geographical region that they are already planning on visiting for their own caseload.	Timeframe	3 months	3 months (02/01/05)		CWS social workers
	SIP Calaveras (

	tegy 2.1	- 11 - 1		Strategy Rationale	. 11 - 1	
	tinue to participate in the Breakthrough Series C ference calls and/or trainings.	οιιαρο	rative	to progress towards a soli		rative is essential for us to continue erential Response Team.
Milestone	2.1.1 The core Differential Response Team members will regularly participate in the conference calls and trainings.	Timeframe	On-Goi		Assigned to	CWS Program Manager CWHSA Deputy Director Emergency Response social worker Mental Health Parent Partner HRC-Child And Parent Services Manager
	2.1.2 Identify and include other community partners in Differential Response as needed.	-	1 year (11/01/05)			Differential Response Team
tra	tegy 2. 2			Strategy Rationale		
	Differential Response Team will meet weekly to					rengthen the team and, therefore,
ppr	ropriate referrals and assign to team members ac	cordi	ngly.	our quality of responses to	the i	referrals.
<u> </u>	2.2.1 Identify geographic "target" area for Differential Response.	ne	1 year ((11/01/05)	to	CWS Program Manager
Milestone	2.2.2 Set aside all referrals not being immediately responded to, or evaluated out, in the target area in daily Emergency Response Team referral reviews.	2 year		s (11/01/06) and on-going	Assigned	Emergency Response Supervisor

	2.2.3 Schedule regular Differential Response Team meetings immediately following Multi- Disciplinary Team meetings every Friday.		2 years	(11/01/06) and on-going		Multi-Disciplinary Team coordinator
Strategy 2.3 Differential Response Team members will develop and measurement tool.					m age	rill help each participating ncy ascertain the adequacy and vention.
	2.3.1 The core Differential Response team will research other counties' tools to develop a tool of our own.		1 year ((11/01/05)		Core Differential Response Team
Milestone	2.3.2 Each Differential Response Team agency will implement the outcome measurement tool.	Timeframe	2 years	(11/01/06)	gned to	Differential Response Team agency Managers
Mile	2.3.3 The core Differential Response Team members will collect the data from each agency to monitor the adequacy and effectiveness of the Differential Response Team interventions.	Time	3 years	(11/01/07)	Assig	Core Differential Response Team

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

The thrust of Differential Response (and Child Welfare Services redesign as a whole) is a greater emphasis on preventative services, and the philosophy that "it takes a village to raise a child". Our community seems to agree that the CWS system can be improved on and that we want to be able to work together to make that happen.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Our new social worker staff will need CWS/CMS "New User" training, with an emphasis on entering contact information accurately. In addition, our APS staff will need further CWS/CMS training to adequately enter referrals in the system.

We will also need continued training and support from the Breakthrough Series Collaborative on Differential Response issues.

Identify roles of the other partners in achieving the improvement goals.

Other agencies will need to continue to be a part of our Differential Response Team include, but are not limited to, the following: Probation, Mental Health, HRC-Child and Parent Services, Substance Abuse Services, Public Health, Welfare-to-Work, HRC-Women's Crisis.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

For Differential Response to be able to work, we will need to broaden our ability to refer families that are reported to us to other non-traditional, non-profit and private agencies. In order to do this, we will need to address the issue of confidentiality.

Outcome/Systemic Factor: Incorporating Family Input in Case Planning

County's Current Performance:

Per Division 31 Regulations, we are required to develop our case plans with the family whenever possible. This can be problematic for many reasons: The parents refuse to cooperate, are unavailable, or they really don't know what services are available in our county that can assist them. The case plan is supposed to be developed within 30 days so that the family knows what will be expected of them, should Dependency be declared. Although the case plan isn't always completed in writing by then, there are usually on-going discussions between the social workers and the family regarding proposed case plan services.

Improvement Goal 1.0

Case Plans are to be completed within 30 days.

Strategy 1. 1

Within thirty calendar days of the initial removal of the child, or in-person investigation, or by the date of the Dispositional Hearing (whichever comes first), the social worker shall complete as assessment and incorporate a case plan designed for that family.

Strategy Rationale

Emergency Response Team will implement a case plan based on the needs of the family to guide the participants within a specified time frame to achieve a safe, secure and healthy environment.

Φ	1.1.1 Within two days, the initial referral received by the department shall be assigned to the emergency response social worker.	Je	3 months (02/01/05)	to	Emergency Response Supervisor
Mileston	1.1.2 The assigned emergency response social worker shall meet with all family members within ten days (or two hours, depending on the allegations) of receipt of referral.	Timefram	3 months (02/01/05)	Assigned	Emergency Response Supervisor

	1.1.3 The emergency response social worker will complete a case plan and family assessment for each child and parent for whom child welfare services are to be provided. This will include gathering and evaluating information relevant to the case situation and appraising case service needs.		3 month	ns (02/01/05)		CWS Supervisors
Eme	ltegy 1. 2 ergency Response social workers to have some fame rmation to take to the referral appointment with	•	•			ll be to assist in decision making ily issues in a supportive and
one	1.2.1 Intake workers will routinely ask all reporting parties for any strengths they may know about the families they are reporting on, so that the Emergency Response social workers will have that information when they investigate referrals to help soften the approach during interviews.	ате	3 month	ns (02/01/05)	ed to	CWS social workers; APS social workers
Milestone	1.2.2 Specific training designed to focus on motivational skills, recognize accomplishments, communication and confronting negative conflict professionally.	Timeframe	1 year (11/01/05)	Assigned to	CWS Supervisors
	1.2.3 Supervisors will monitor caseload size and be conscientious of social worker's possible burnout and/or trainings needed.		6 months (05/01/05)			CWS Supervisors
	I Itegy 1.3 stance Abuse Services to provide more thorough	asses	sments	Strategy Rationale Provide a more reasonable.	desia	nated service for drug and alcoho

of r	referred CWS clients.			related cases that ar	e common t	to both agencies.
one	1.3.1 Agencies to participate in Differential Response process to gain accurate information regarding the family. Substance Abuse Services counselors and CWS social workers will assist one another in evaluating and determining what services will be needed for each client.	ame	1 year (11/01/05)	ed to	CWS social workers
Milestone	1.3.2 Cost of services is a combined liability for Substance Abuse Services, Calaveras Works and Human Services Agency, and the client.	Timeframe	3 years	(12/31/07)	Assigne	CWHSA Director; Behavioral Health Director
	1.3.3 Elimination of duplicated services (such as excessive urinalysis drug and alcohol testing) being conducted by both agencies.		6 montl	ns (05/01/05)		CWS Program Manager; Substance Abuse Services Director
•	l provement Goal 2.0 orporate Family Decision Making into the initial co	ıse pl	anning st	age.		
	ategy 2.1 eive specialized training in Family Group Conferen	icing.		keep children safe an	id well care the family (gths and community support can d for as well as providing a family- and community support members in a

	2.1.1 Family Decision Making Training by U. C. Davis will focus on social workers incorporating the philosophy of families creating their own objectives and responsibilities of their case plan and possible placement options that are family-focused, culturally competent and safe.		6 mont	hs (05/01/05)		CWS Supervisors
Milestone	2.1.2 Specialized social worker designed to provide Family Group Decision Making meetings. The FGDM social worker will assess the social, cultural, economy and traditions of each family.	1 Year		(11/01/05)	Assigned to	FGDM Coordinator
	2.1.3 Create policy and procedures and implement into agency practice, as well as a plan created to document statistical measures of success.		1 Year	(11/01/05)		Staff Services Analyst
A co Wor prov	ltegy 2. 2 ollaborative effort between Behavioral Health, Work, Human Resource Council and Child Welfare Serviding families with an opportunity to succeed in the leading reunification plan.	rvices	s in	of their court-ordered case	e plar ly is r	children in a successful completion and in maintaining a safe reunified, while also utilizing as the Multi-Disciplinary Team.
Mileston	2.2.1 In addition to MDT, create a Team of members from each agency that will review and screen Family Reunification cases.	Timefra	1 year ([(11/01/05)	Assigne	CWS Supervisors

2.2.2 Families to receive additional counseling/parent support to assist the family in recognizing foreseeable problems that may arise when the family is reunified.			(05/01/05)		CWS Supervisors Welfare to Work Supervisor Mental Health Director Human Resources Council Manager
2.2.3 Create a tracking system for outcome measures of success in the family maintaining a safe healthy environment.		3 Years	s (11/01/07)		CWS Program Manager
tegy 2.3		Javanaa	Strategy Rationale	uidanaa an	d aggistance to families prior to Count
ventative Services to be provided to families by tooks and Human Services Agency.	ne Ca	naveras	provide referrals, gu	naance an	a assistance to families prior to court
•	ne Ca			nuance and	Program Managers from all Agencies.
cks and Human Services Agency. 2.3.1 Universal referral form adopted by all	Timeframe	1 year (proceedings.	to de	Program Managers from all Agencies. Emergency Response Supervisor

Describe systemic changes needed to further support the improvement goal.

Changes that need to first occur are the overall philosophy of social services. By involving as many family members, community service providers and support persons in the life of a vulnerable child, the circle of support for the child and family is widened. With the enhanced level of family and community involvement, child safety is not solely the function of the Child Welfare Services agency. The strengths within the child's family network supplement and enhance the formal child protection role. More importantly, this philosophy provides the forum for family empowerment and decreases the role that government might otherwise have in these cases. In supporting this vision, Calaveras Works and Human Services Agency remains committed to any and all strategies that improve the safety and permanency outcomes for children.

There should be no conflict in extending these principles to the practice of social work, or extending them to the protection of children.

Social work has historically emphasized simultaneously preserving the autonomy of the individual and promoting the safety and well being of the community. Yet, dissatisfaction with the system of child protection and the practices that have proliferated in response to this concern is widespread. Much of this dissatisfaction can be traced to the hierarchical decision-making that has characterized especially in government bureaucracies where each department's functions are separated by funding and administrative silos. Child Welfare Services Social Workers are often the recipients of scorn from families, communities, and the media. Such processes ultimately demonize families, especially those living in poverty, single mothers, minorities and others deviating from the American "Ideal". This further challenges the possibility of engaging them in building their capacities and helping them to develop within their own social networks.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

In the future of a budget that gives little for training expenses, the goal would be to provide on-site training, combined county training and specialized training in the areas needed. A clerical assistant, vocational assistant or analyst would need dedicated time to research materials that can be duplicated for training manuals.

Identify roles of the other partners in achieving the improvement goals.

It is crucial to have all community members that provide services to our families be included in our goals. At the heart of "community centered" practice is the democratization of decision making in which family members, support persons and community members are included. With Differential Response, Multi-Disciplinary Team, Family Group Decision Making and all community service providers, training can be provided by individuals in their respective departments. Establishing a community network will also guarantee collaboration, needed services and less duplication of services.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Confidentiality must be guaranteed to remain in effect to protect the families. The Calaveras Works and Human Services Agency must be willing to change its philosophy to a more strength-based model. This may require regulatory and statutory changes in the future.

Outcome/Systemic Factor: Increased ILP services

County's Current Performance:

Until January of 2004, Calaveras County did not have a full-time ILP worker. During the 2002 and 2003 reporting periods, our full-time Adult Protective Services supervisor was the ILP coordinator for our county. Each Child Welfare Social Worker and Juvenile Probation Officer was responsible for referring their eligible youth to the ILP coordinator. The ILP coordinator would send the youth information and a schedule of classes. Classes were provided twice a month (the same basic topic, broken into 2 age groups one for high school seniors and older, and one the younger population). The ILP coordinator provided information to the ILP students regarding college financial aid/grants and applications. She contracted out for Job Connection to come and speak with the youth about employment opportunities. She also let all seniors know that they are eligible to continue to receive ILP services until the age of 21. However, we still do not have a formalized system to keep in contact with emancipating youth for follow up.

During the 12-month reporting period of 10/01/2001 - 9/30/2002, 116 youth received ILP services in our county. Of those, 12 graduated from high school, and we know of at least 5 of those youth enrolled in college/higher education.

During the 12-month reporting period of 10/01/2002 - 9/30/2003, 123 youth received ILP services in our county. There is no report available regarding how many of them graduated from high school, nor how many of those youth enrolled in college/higher education at this time.

Currently there are no tools for measuring the success of the Calaveras ILP Program, or measuring the amount of knowledge gained by the ILP youth by participating in the ILP program.

Improvement Goal 1.0

Provide a wider range of services to ILP Eligible Youth, taking into consideration the individual youth's age, developmental level, and specifically identified needs, in order to better prepare the youth for emancipation. Success in this area will be measured using the Ansell-Casey Life Skills assessment at the beginning of each school year, and upon emancipation of the minor. Comparisons may be made using this assessment to measure the knowledge gained by the youth, as well as the youth's preparedness for independence.

Strategy 1. 1	Strategy Rationale					
The ILP Coordinator will be available for, offer, and facilitate	Children develop mentally and emotionally at different rates,					

	vidual meetings with ILP youth to address speciticial needs, and planning with the ILP youth.	fic qu	estions,	futures. It is expected the	at, thr r able	oose different paths for their rough individual meetings, the ILP to provide specific one-on-one their futures.
ne	1.1.1 ILP Coordinator will attend Northern California ILP Coordinators' Council meetings to network with other ILP providers and seek knowledge from other counties who are providing this service.	scheo		ns (2/01/05) - or next ed meeting.	d to	ILP Coordinator
Milestone	1.1.2 ILP Coordinator will develop an ILP Pamphlet detailing services available to ILP youth, and offering individual meetings with active or eligible ILP youth.	Timeframe	6 month	nonths (05/01/05) nonths (08/01/05)		ILP Coordinator
	1.1.3 ILP Coordinator will begin scheduling individual meetings with ILP youth.		9 month			ILP Coordinator
	tegy 1. 2 rease the number of ILP classes held each month.		•	Probation youth with spenumerous ILP youth that Therefore, it is anticipate month on a single topic, each	ecific are d tha ch cla	large group homes housing male needs. Additionally, there are at varying developmental levels. t, by holding four ILP classes per ss can be better tailored to meet o, while maintaining the safety of

Milestone	1.2.1. ILP Coordinator will attend Northern California ILP Coordinators' Council meetings to network with other ILP providers and seek knowledge from other counties about available services, possible class structures, and curriculums.		3 months (2/01/05) - or next scheduled meeting.		to	ILP Coordinator
	1.2.2 Begin using Ansell-Casey Life Skills assessment to determine levels of need for each youth. Develop structure for alternate classes.	Timefr	6 montl	onths (05/01/05)		ILP Coordinator/ Supervisor
	1.2.3 Explore options of separating youth into groups of similar age and developmental level. Discuss challenges/problems with FFAs, group homes, and substitute care providers.		1 year	(11/01/05)		ILP Coordinator/ Supervisor
Dev	Itegy 1. 3 elop alternate transportation options to facilitate endance of ILP eligible youth at ILP meetings.	incre	eased	County. Identifying and preligible youth will facilitate meetings. Many ILP Eligible lack of transportation, espectation for the family Member Homes, who unable to transport the you	rovid te in you pecial ive ho ere t ith to incre	Insportation available in Calaveras ing transportation options to ILP improved attendance at the ILP th do not attend meetings due to ly those youth who are placed in omes, and Non-Relative Extended he parents work full time and are precious meetings. Additionally, providing lease the ILP Coordinator's ability ups of youths.

Milestone	 1.3.1 Contact service providers, including but not limited to Welfare-to Work, Ameri-corp, FFA's Probation, CWS, and local group homes, to explore availability of transportation providers. Also explore other options for transportation, such as volunteers, public transit, and car-pooling. 1.3.2 Allow the ILP coordinator to make field visits when needed, individually with children, as well as group home visits to meet with a larger group of participants. 	Timeframe	3 months (02/01/05) 6 months (05/01/05)	Assigned to	ILP Coordinator ILP Coordinator
	1.3.3 Develop agreements within agency and with other agencies, regarding transportation plans for ILP meetings.		1 year (11/01/05)		ILP Coordinator; CWS Program Manager

Improvement Goal 2.0

At the time of emancipation, youth will have a plan of action identifying goals, needs, and activities for the future, as well as a list of community services and a support system, in order to assist them in becoming self-sufficient.

Strategy 2.1

Develop a Transitional Housing Program for ILP Youth in Calaveras County.

Strategy Rationale

Teenagers in the ILP program will have the opportunity to learn the skills and responsibilities necessary to live on their own, while still being supported emotionally and financially by the foster care program. It is anticipated that the Transitional Housing Program will prepare youth to manage their own lives, and will provide a level of continuity as the youth transitions into adulthood.

	2.1.1 Hold an initial planning meeting with Department Heads (CWHSA and Probation) to discuss Transitional Housing Program.		6 montl	hs (05/01/05)		CWS Supervisors; CWS Program Manager; CWHSA Director; Chief of Probation
Milestone	2.1.2 Draft Transitional Housing Program description with Probation and present to Board of Supervisors. Seek alternate bids on Program.	Timeframe	1 year (11/01/05)		Assigned to	CWS Supervisors; CWS Program Manager; CWHSA Director; Chief of Probation
	2.1.3 Select an agency to provide transitional Housing Program and begin developing program.		18 mon	ths (05/01/06)		CWS Supervisors; CWS Program Manager; CWHSA Director; Chief of Probation
Strategy 2. 2 Hold Emancipation Conferences for all youth emancipation the Foster Care Program.			out of	the ILP youth and care pr Conference. This tool will be the youth from ILP service conference will then be he youth as being important but not limited to service Services, Welfare-to-W members, and church/spin drafted, using input from	rovide pe use es, ar eld in to th e pro ork, ritual indivi nto a	esessment will be completed with ar just prior to the Emancipation and to identify continued needs. A accluding anyone identified by the ne youth's future plans, including aviders, school personnel, Social guidance counselors, family representatives. A plan will be duals present at the conference, dulthood, and identify a support for continued assistance.

91	2.2.1 Train Social Workers and community members on the importance of Emancipation Conferences, and discuss/identify strategies to help community members "buy into" the process.			ns (05/01/05)	Assigned to	ILP Supervisor, with UC Davis FGDM Coordinator
Milestone	2.2.2 Design the structure of Emancipation Conferences, using Family Group Decision Making Model.	Timeframe	1 year (1 year (11/01/05)		ILP Coordinator ILP Supervisor
	2.2.3 Begin implementation of conferences.		18 mont	onths (05/01/06)		ILP Coordinator ILP Supervisor
Strategy 2.3 Create collaboration between ILP and Welfare-to Wo of the Linkages Program.			s part	and education information. Therefore it makes sense in order to provide the becoming self sufficient, choose to pursue immedemployment, or further Work program can continuinformation and referrals	n and to ut best and diate educa ue to	Work is able to provide employment assistance to ILP eligible youths. tilize the Welfare to Work services possible assistance to the youth in pursuing their goals, whether they full time employment, part time tion. Additionally, the Welfare-to-assist emancipated ILP youth with the local community college and Job applications and interviewing skills.
Milestone	2.3.1 Explore availability of Welfare-to-Work staff to participate in ILP classes.	rame		ns (02/01/05)	ned to	ILP Supervisor
Miles	2.3.2 Meet with Welfare-to-Work to identify available resources and develop a plan of action.	Limetrame 6 month		hs (05/01/05) Pagigned		ILP Coordinator; ILP Supervisor; Welfare-to-Work Supervisor

2.3.3 Incorporate Welfare-to-Work resources	1 year (11/01/05)	ILP Coordinator
into the ILP program. Add these resources to		
the ILP Brochure.		

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

We hired an ILP social worker in January of 2004. In addition, the Calaveras Works and Human Services Agency has recently begun projects to create a more intensive Linkages Program, a Transitional Housing Program, and Family Group Decision Making in Calaveras County. Each of these new programs will provide key elements to the youth in the county, including those eligible for ILP services. These programs will play a vital role in the successful completion of this ILP Improvement Plan component. Calaveras Works and Human Services, as well as other agencies involved in these programs, are excited about the future, and dedicated to making the programs work.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training and technical assistance in the area of Family Group Decision Making (which will include ILP Emancipation Conferences) is scheduled to begin in January 2005. Social Workers, Managers, and Community Partners will be invited to attend the training and help structure the program. Facilitation and coordination training for the Facilitating Social Worker and Supervisor will be scheduled shortly thereafter.

It is anticipated that the Linkages Program will be enhanced and strengthened. Technical assistance may be necessary, and will be sought through The Resource Center for Family Focused Practice.

Identify roles of the other partners in achieving the improvement goals.

Calaveras County Probation Department will be partnering with Calaveras Works and Human Services Agency in developing a Transitional Housing Program in Calaveras County for youth transitioning into self-sufficiency. Additionally, Calaveras County will be selecting a Foster Family Agency to develop and oversee the program. The ILP Supervisor will be the Transition Housing Program Coordinator.

Calaveras County Child Welfare Services will be inviting Community Partners, including Welfare-to-Work, Calaveras County Behavior Health, Calaveras Women's Crisis Center, Foster Family Agencies, and Foster Families to attend later training and participate in the planning of the Family Group Decision Making Program, which will include Emancipation Conferences for all youth graduating high school or emancipating out of the program. The various agencies will be asked to participate, not only in the planning, but also in the foster

youth's Emancipation Conference whenever applicable. It is important that the service providers have a strong understanding of the goals of the Emancipation Conference, and the importance of their participation in the process, both during the Conference and following emancipation of the youth.

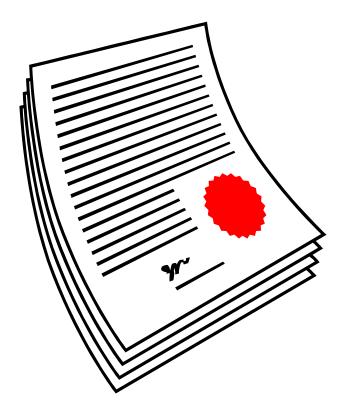
Calaveras County Welfare-to-Work Program will play a vast role in assisting the ILP Coordinator in providing comprehensive training to ILP youth in job application processes, interviewing skills, college and financial aid application, and other skills associated with self sufficiency. It is anticipated that Child Welfare Services and Welfare-to-Work will develop a strong working partnership in this process.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None known at this time.

Calaveras County System Improvement Plan

Addendum



County System Improvement Plan

SIP Narrative:

Calaveras County's rate of child abuse and/or neglect in Foster Care has increased, as follows:

Nine-month review period	Percentage	% Increase / Decrease
10/01/2002 – 06/30/2003	0.83%	N/A
01/01/2003 - 09/30/2003	0.79%	- 0.04%
04/01/2003 - 12/31/2003	0.76%	- 0.03%
07/01/2003 - 03/31/2004	1.44%	+ 0.68%
10/01/2003 - 06/30/2004	1.55%	+ 0.11%
	Total over-all change	+ 0.72%

Data analysis has been conducted in an effort to understand why this rate has nearly doubled. We found that we substantiated a general neglect allegation in February 2003 regarding a child who was placed in foster care. This child accounted for 0.83% of all children we had placed in foster care during the 10/01/2002 to 06/30/2003 time period. We had more children placed in foster care during the 01/01/2003 to 09/30/2003 time period, and therefore this same child accounted for 0.79%.

In November of 2003, we erroneously substantiated the allegation of "At risk - sibling abused" for two children who were placed in foster care. These two children represented 1.44% of all children placed in foster care during the 07/01/2003 to 03/31/2004 time period, and 1.55% of all children placed in foster care during the 10/01/2003 to 06/30/2004 time period (because we had an over-all decrease in the total number of children placed in foster care).

The State Department of Social Services (CDSS) issued All County Notice 05-09 on April 29, 2005 that provides standardized instructions regarding how to correctly conclude abuse and/or neglect allegations in the Child Welfare Services/Case Management System (CWS/CMS). These instructions clearly state that allegations should be disposed of as "inconclusive", due to the fact that the Community Care Licensing (CCL) division of CDSS conducts their own independent investigation, as well as local law enforcement agencies (when applicable).

We have provided in-house training to all of our CWS social work staff on the ACN 05-09 procedures, and have developed the following SIP addendum in the hopes of reducing this rate in the future.

Out	come/Systemic Factor: Rate of Child Abuse and	l Negl	ect in Fo	oster Care		
	inty's Current Performance: The County's rate of 003 – September 30, 2004 (latest available data as					
	rovement Goal 1.0. duce rate of abuse in foster care from 1.55% to .50%	6 (Fed	leral guid	deline)		
	ategy 1. 1 rove the County's data collection methodology and ees.	data q	uality		neası	nere may be significant data collection ure. Data quality issues may include egation conclusions.
Milestone	1.1.1 Align county data collection with statewide standards	91	June 20	005	to	CWS Program Manager; Emergency Response (ER) Supervisor; ER Social Worker staff
	1.1.2 Revisit the CWHSA policy that addresses the child abuse emergency response referrals regarding abuse and neglect in foster care and work to identify any additional referral issues pertaining to out-of-home abuse.	Timeframe	July 2005		Assigned to	ER Supervisor
Jtili:	 ategy 1. 2 ze a workload review system to check for timely soc s with children placed in out-of-home care.	ial wo	rker	Strategy Rationale Timely social worker visits win a safe and healthy environ		p to ensure the children remain place
Milestone	1.2.1 Create a workload review system, including timely social worker visits with children placed in out-of-home care.	Timeframe	June 20	2005		CWS Continuing Unit Supervisor
	1.2.2 Conduct random case checks (suggested 2 cases per social worker per month) utilizing the caseload review system.	July 20		05	Assigned to	CWS Continuing Unit Supervisor

1.2.3 Schedule weekly individual meetings between the continuing unit social workers and the continuing unit supervisor, including discussion of the random case check results.	August 2005	CWS Continuing Unit Supervisor; Continuing Unit social workers
At least every third in-person visit between the social workers and the children placed in out-of-home care will be conducted at a location other than the placement home (i.e. school) to enable the children to speak freely and confidentially about how things are going in the home.	September 2005	CWS social workers